

MCC Peace Section Task Force on Women in Church & Society REPORT

±41, January-February 1982

Focus on Women and Health

"No amount of money can ever come close to the value of good health and a sense of wellbeing. The women of America are waking up to the sharp difference between *medical* treatment and *health* care. Medical treatment is drug-, surgery-, and hospital-oriented. Our most common health problems receive little research attention. Often, our complaints are not taken seriously. We need compassion, prevention and access to the best care possible. Instead we get paternalism, red tape, and ever-increasing medical bills" (National Women's Health Network).

In the last five years, the women's movement has had a tremendous impact on the medical profession by changing women's attitudes toward doctors and their powers. Doctors, as well as other health professionals, no longer make all the judgments and decisions regarding a woman's health. Patients are asking physicians how to interpret tests, how to do self-exams, as well as about side-effects of drugs or alternative treatment. Many women are no longer allowing their physician to hold the attitude of "just trust me; leave it up to me; I'll take care of everything." But even more physicians need to change their attitudes and treat women as human.

The women's movement has helped to alert the public and the federal government to dangerous drugs such as DES and estrogen drugs, as well as to warn against unnecessary surgery. But there are still far too many radical mastectomies and hysterectomies and still too many drugs whose safety has yet to be tested.

There are now women's health centers where women are treated as human beings, taught about their bodies, and how to be responsible for their own health. These clinics have helped many women, but there are not enough of them.

More women are in medical school and more are physicians than ten years ago. However, just having more women physicians won't necessarily mean an improvement, but I hope that, by their presence and

their identification as women, physicians who are women will help change attitudes in medical schools and in clinics regarding the treatment of women both as patients and as co-workers (nurses). (We can be encouraged by the presence of more women physicians, but at my own health clinic only one of the six physicians is a woman, a better ratio than most in Wichita.)

More and more people are realizing the importance of staying well, the result of which has been more attention to preventive measures such as the establishment of health maintenance organizations, publications on how to stay healthy, and an increasing emphasis on wholistic health. More people are realizing the importance of preventing illness. Recently Mennonite Mutual Aid sent on request a book which encouraged readers to examine their lifestyles and make changes which would "afford opportunities to experience positive wellness." During the past quarter an adult Sunday school class at Lorraine Avenue Mennonite Church here in Wichita studied wholistic health issues. Books especially for women are available which tell about effects of drugs and about surgical procedures and alternatives; some of these are listed in the resource section of this *Report*, and can help women be informed and thus able to ask the right questions the next time they are in a medical office.

More needs to be done. Insurance companies, including Mennonite Mutual Aid, need to be challenged to cover annual physical examinations and "pap" smears; to not only cover hospitalization costs, but home care expenses; to support safer treatments and alternatives to surgery.

A Mennonite woman physician encourages patients to be assertive while visiting with their physicians, and to view their physicians as equals. This family doctor feels strongly that physicians have been placed too high on the "totem" pole, and that they are human like anyone else.

This *Report* only begins the discussion. Here are the perspectives and concerns of women from different areas of the health system: a nurse, a professor of nursing, a patient, a health insurance representative.

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Feature material for this Report was solicited and compiled by Rosie Epp, member of the MCC Task Force on Women in Church and Society, former assistant pastor of Lorraine Avenue Mennonite Church in Wichita, Kansas, and now a student at Associated Mennonite Biblical Seminaries.

The MCC Peace Section Task Force on Women in Church and Society (formed in 1973) believes that Christ Jesus teaches equality of all persons. It strives to promote this belief through sharing information, concerns, and ideas relating to problems and issues which affect the status of women in church and society.

as well as one person's response to a radical feminist book on the topic. I hope your consciousness regarding women and health has not been raised but that you will also be challenged to take action and to be responsible for your own health.

Rosie Epp, 3003 Benham, Elkhart, Indiana.

Home Health Nursing

by Vernabelle Wiens

For many years nursing has been one of the acceptable jobs for women to hold outside the home. Often these women have been thought of as servant who minister to the sick. They were treated as servants who were to follow orders and receive servant wages. But women have come into their own, and many nurses have problems with perpetuating the old servant-image. They prefer an image of a professionally-trained and highly-skilled individual who has much to offer in health promotion and helping people to become well again.

There is much talk about nurses leaving the nursing profession and about the nursing shortage in hospitals. What are the reasons? I, too, dropped out of hospital nursing. Many aspects of hospital nursing are challenging, but being understaffed is **not**. I'm talking about an eight-hour shift comprised of giving all medications to 38-40 people whom you have never taken care of before. The potential for a mistake is great. I'm talking about being responsible for so many patients that you, the R.N., can get into the patient's room only once in an eight-hour shift. I'm talking about running eight hours without time for lunch or a break. I'm talking about an adult person who has growing children of her own having to play "Mother, May I?" for every day off, for every doctor's appointment, weekend, holiday. Maybe nurses have been expected to be "Super-nurses," just as many women have been "Supermoms."

Nurses need to be able to count on a routine, such as regular days off. On the job, stressful demands are placed on them by the ever-changing conditions of patients, physicians orders, new admissions, emergencies.

After a stressful eight-nine hours of work, many nurses go home to some more stressful situations. I think nurses are saying, It's too much stress; I can't enjoy life that way.

Many nurses still enjoy ministering to the sick in hospitals, but I have left hospital nursing and I have found enjoyment in working with health problems in an individual's home. I am a home health nurse. The responsibility to get well is on the person with a health problem, not on the doctor and the nurse; she/he is responsible, and can become and stay well or can live within the limitations of the illness.

I am a vital link between the intensive 24-hour a-day hospital care and making it on one's own at home. The elderly person living alone may find self-care overwhelming. However, if I can help the individual plan for essential care, if I can come back to monitor and make

suggestions for changes, if I can offer encouragement for efforts made or attempts to continue the treatment, that individual can once again gain control of self and dignity. Perhaps the individual can manage if only there is some help with meal preparation. Perhaps the new diet is complicated and "Meals on Wheels" can be ordered so that the diet is followed. I can plan menus until the individual feels confident to cook. If there has been an injury the individual is often apprehensive about being able to get out of bed in the morning or using the bathroom with help. I can meet that individual as she arrives at home, and walk through basic processes to help her to discover that she is able to do it, or I can rearrange some items in the home so that it will be safer. If an individual knows that a home health aide can also come in to help with a bath, or to walk with her outside until she gains strength and can do it alone, it is a relief. If a person has become forgetful and does not remember if he has taken his medicines or when to take the medicines, I can help devise a system to simplify the process; that may be the one thing needed to be able to stay at home instead of in an institution.

When an individual requires weeks of hospitalization and longs to go home knowing that death is imminent, this can be frightening to the family. I can go into that home and teach the family basic nursing procedures and things to observe. I can reassure them by checking blood pressure, changing dressings, and calling the doctor if a problem warrants it. Significant symptoms can be reported to the physician, changes in medication can be made, and procedures performed which do not require the individual to go through the painful process of getting to the doctor's office. I can guide the family into thinking about the possibility of death, deciding what they will do if the patient does stop breathing. Will they try resuscitation, or will they (hopefully together with the sick person) decide that prolonging the pain and returning to the hospital, probably the ICU, would not be the thing to do. Their energy can then be spent "putting one's house in order," spending time in life review, making plans for cherished belongings, expressing love to each other, holding hands reassuringly, listening to favorite music, looking out at the garden so lovingly tended in better days.

My rewards are many. Some of my patients are lavish with words: "An hour ago, I didn't think I could make it today. I prayed to God, and now you're here. I feel so much better." After soaking a pair of feet and trimming toe nails which could not be reached by her, one patient said, "My feet feel like velvet. You know this is even biblical." I saw a premature infant go home with a mother who could not get the baby to nurse enough to gain weight. With daily visits and encouragement, the baby has developed into a normal chubby, smiling, content son whom the mother dearly loves. Seeing her approach change from a negative "He's stubborn...has a mind of his own" to a "You-sweet-baby" approach was a real reward to me. I had the opportunity to be a model as I changed his diapers, bathed him, talked to him, and cuddled him.

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Nurses are needed for many different tasks, and individuals have different talents. I know that when the doctor asks me to follow a patient home s/he trusts me as part of the health team to use my knowledge to help that patient and report any significant changes. I can do the intensive supportive and educative nursing which is vital in promoting health and recovery. I take pride in being able to dismiss a patient whom I helped regain independence in self-care.

So, even though I have contributed to the hospital nursing shortage, I am still a nurse with many of the same ideals I started with, and many new skills and methods of helping people cope with illness.

Vernabelle Wiens (Box 425, North Newton, KS 67117) is a home health nurse in Newton, Kansas, and a member of the Bethel College Mennonite Church.

The Nursing Profession

by Jean Hershey

A number of feminist issues have plagued the nursing profession since its formal inception in Florence Nightingale's era. Nightingale exemplified many of the virtues extolled by the women's movement of today. The early influences which led to her interest in nursing and development as a pioneer and leader were: She believed she had a calling to do something "worthwhile" with her life; she received a classical education equal to that of most men of her time; and she saw a need for more than superficial goodwill visits to patients, as did her mother. Nightingale came to believe in a necessity for nurses *training*—nursing is not an intuitive female talent as was the belief of her day.

Some of the issues Nightingale highlighted are still currently being addressed in women's movements and in professional nursing. These include sex role socialization, attitudinal views on power and authority, professional education, and salary.

Nursing is equated with the mothering aspect of nurturance. This has led to a very long period in which the nurse has been viewed as a selfless mother-substitute, endlessly able to dispense affection, a person who can be counted on to be tireless, efficient, faithful, and cheap in providing nurturing care to doctor's patients and, I must add, to the doctors as well (Schren).

Along with the expectation that women are to be caring, adaptive, nurturing is the premise that they are to be followers not leaders. As nurses, Virginia Cleland says, "we are members of a women's occupation in a male-dominated culture." Nurses function as subordinates in a health care system in which numerically they are the largest group of providers. Nurses are becoming aware of their powerlessness and dependency. Nurses can offer a caring, nurturing yet assertive leadership, with a conflict resolution, peace perspective, a welcome change from the war mentality.

Nursing education has and is presently changing a great deal. The move in nursing education has been to base the learning in colleges and universities with less emphasis on rote learning of skills and more emphasis on thinking and having a broad general education to develop a well-rounded mind and person. Simmens concludes from a 1977 study of nurse practitioners, that a nursing education encompassing Kalisch's concepts of creative imagination and political awareness plus "support and guidance from professional leaders

who believe in the power of women and nursing" is needed.

A salary inequity exists mainly because nursing is a women's occupation in which men control much administrative and political power. As a student at Elkhart General Hospital (1968) I remember a head nurse challenging a discrepancy in pay. She, as a four-year college-educated nurse with a number of years experience and with the responsibility of head nurse, was earning equivalent to the highschool educated on-the-job trained male orderly. I believe she received a "token" small raise. At that time I was impressed that this head nurse raised this pay-inequity issue.

An advertisement for career preparation in the 30 November 1981 issue of *Newsweek* read, "Your daughter has a 99 percent chance of becoming a nurse. She will earn less than a tree trimmer."

At the Kansas State American Nurses Association (ANA) convention in Hutchinson last October, Barb Nicoles, the national ANA president, quoted figures in relation to nurses' wages and the nurse shortage. In 1945 a nurse earned an average of one third of what physicians earned. Today, 1981, a nurse earns less than one fifth of what a physician earns. Yet today the nurse carries more responsibility and much of the previously physician-implemented technology.

Last fall a TV special dealt with a number of the issues regarding nursing and feminism. It was a program about the nurse-shortage in intensive care units. The nurses interviewed felt nurse-shortages in intensive care were due to burnout from heavy life-and-death responsibility, overwork exacerbated by shortages, and lack of recognition both administratively and monetarily for what is a demanding job.

Because feminism permeates all of society today, it will have and has a pervasive influence on predominantly women's professions such as nursing.

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Being on the Receiving End

by Lois Duerksen Deckert

As a child growing up in India before the proliferation of motorized vehicles, our family sometimes traveled by buffalo cart. A buffalo cart is a slow-moving vehicle so we would, when bored, walk ahead. The miles were marked by large cement markers so our goals were set. We knew about how long we would need to sit by a milestone before the buffalo cart caught up with us. The walk was steady and well-defined as we moved from one mile marker to the next.

At times life might seem to be as predictable and plodding as a buffalo cart trip. Usually, however, life isn't that way. Life is much more like a modern Indian or Indonesian road complete with every imaginable vehicle weaving in and out in a fuming, honking, steady stream. It is crowded, noisy, and often frightening. An Indonesian friend trying to calm my fears of traffic in that country said, "If you try to stay rigidly on your side of the road you will be in trouble. You must learn to flow with the traffic." Learning to flow with the traffic of life is like discovering freedom. This flowing with life's traffic is not learned overnight; it is a gradual learning and relearning.

Discovering that I had a life-threatening illness was a bit like being in Indonesian rush-hour traffic. My husband and I were on assignment for MCC in Indonesia when exploratory surgery revealed an inoperable lymphoma. To have an exciting assignment aborted after only four months took some adjustment. I had twenty-one days in an Indonesian hospital to think through the illness and its implications.

If it had been just me..., but I'd made others losers, too. My husband wouldn't have a long-awaited chance to teach, and our daughter's year abroad would be cut short. I felt as though I had let MCC and everyone down. The disappointment was intense.

Fortunately it is not necessary or healthful to remain in a state of guilty anguish. The peace of God became very real to me before surgery. God's love—which came pouring out through God's people—became one of the

paths to healing. Friends prayed for us, wrote to us, and cared for us. Psalm 139:1-18, 23-24 helped me focus on God's loving care. I learned about cancer as my doctors answered questions, as I read articles, pamphlets, and books. I'm so grateful to the friend who helped me begin learning the art of meditation and devotion. This time of meditation is more than a quick verse of Scripture and a prayer to start the day. It has become a time to focus on priorities in my life, and on the needs of others. It has added much to the quality of my life. My gratitude to MCC personnel for the love, understanding, and support I received can never be adequately expressed.

Cancer, like any disease, can alter the way a person feels about herself and her environment. It has certainly changed my feelings. The changes have been positive. I have been forced to look at the priorities in my life and the relationship of those priorities to my faith.

There is another discovery I have made since receiving the news that all recent tests are normal and I am in remission. I worked through the fact of illness. Can what I learned help me to work through the fact of wellness? I find that I am having to make adjustments to wellness which are not easy to articulate. Maybe in a year I will be able to express feelings about wellness as I have been able in a year to express feelings about illness. It will be a new kind of driving in life's traffic pattern.

I thank God for life and the community of God's people who are helping me flow with the traffic of my life, and find adventure on that busy road.

Lois Duerksen Decker (Box 475, North Newton, Ks. 67117) is a member of the Bethel College Mennonite Church. She and her husband served in Indonesia with MCC in 1960-63 and had began another term, November 1979 till her illness cut short their work in February 1980.

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Jean Hershey (Box 265, North Newton, Ks 67117) received her B.S. in nursing from Goshen College, 1968, her Masters of Science in nursing from the University of Colorado, 1980. She spent four years in Vietnam with MCC. She is presently assistant professor of nursing at Bethel College, teaching community health, and assisting with medical-surgical and maternal child nursing. She has an 8-year-old adopted daughter, Anna Lee.

Quote

"Menopause is a natural process. Yet doctors sustain the myth that menopause is a 'disease.' One result of this myth is that women consume 70 percent of all tranquilizers and anti-depressants, and undergo 800,000 hysterectomies each year. Even some surgeons admit that one-third of the hysterectomies are unnecessary. . . . Many women who undergo biopsies to diagnose breast cancer are asked to consent to radical mastectomy even before they know whether they have cancer." (Helen Rodriquez-Trias, M.D.)

Mennonite Mutual Aid: More Than Just Insurance

by Mary Kerbs

Sharing is a way of life for Mennonites. Entries in early American Mennonite alms books confirm its importance: a new horse collar, hat and pants, fare to Canada, \$1.25 to pay a widow's debt.

Mennonite Mutual Aid tries to carry on this tradition in a broader and more systematic way. But today's needs differ from those of 16th century Anabaptists or early Canadian and American rural Mennonites. And today's legal requirements for insurance providers create a tension for MMA: How can we fulfill the requirements of a legal contract (the insurance policy) and still "bear one another's burdens and so fulfill the law of Christ," as Paul teaches in Galatians? How can we meet all the needs we see and deal fairly with all our members, too?

In MMA's benefits for members, the laws firmly prohibit discrimination against men or women. And within the boundaries set by law, there also is room for MMA to determine its own guidelines for fairness. So we constantly work at developing policies which will best meet the varying needs of all our members.

In addition to our insurance benefits, Mennonite Mutual Aid Association, the fraternal body within MMA, must develop special sharing programs in lieu of paying taxes. So MMA has established the Mutual Aid Sharing Fund (MASF) to carry out these fraternal activities. Using a portion of the investment earnings and 1.7% of all premium income, MASF provides benefits different from those guaranteed by the legal contracts. This is another way we can respond to individual needs, often assisting members with many needs other insurers cannot.

Some examples of MMA's policies and special benefits show how MMA relates specifically to the needs of women.

It's the Law

"The amount of benefits payable, or any term condition or type of coverage shall not be restricted, modified, excluded, or reduced on the basis of sex, marital status, or sexual orientation of the insured or prospective insured." This example from a California insurance law illustrates the equality and fairness state insurance departments try to enforce.

Such laws have shaped the medical expense benefits MMA provides for women. The Comprehensive Health Plan, which became effective in 1966, originally did not provide maternity benefits for an individual female enrollment, whether or not the woman was married. But when states developed laws requiring equal benefits for single and married women, MMA changed this limitation. And the current Medical Expense Sharing Plan has included maternity benefits for all female members since its beginning.

Equal Rates...Unequal Benefits

Maternity expenses are one of the major reasons insurance needs differ for men and women. Statistics show benefits for 19- to 39-year-old women are significantly larger than benefits for men in the same age group, primarily because of maternity expenses. And

many insurance providers charge higher premiums for young adult women to cover these higher expenses.

At MMA, the managers and actuaries examined this option early in 1981 when Medical Expense Sharing Plan rates increased. But after careful consideration, they decided not to charge different rates by sex, but to base rates only on age and geographical area.

The major reason behind this decision was the complexity of developing and using separate rates for women. But MMA's focus on mutual sharing also weighed in the decision to continue charging equal rates for men and women.

More Maternity Benefit Questions

Another question MMA has struggled with is the issue of benefits for caesarian-section deliveries. Until the spring of 1980, the guidelines for underwriting new applications indicated a woman who had previously delivered a child by C-section would not be eligible for benefits on similar expenses during the first two years of her membership in an MMA plan.

Statistics again supported the rule: C-section deliveries usually cost more than "natural" deliveries; most women who have one C-section must have the same procedure for subsequent deliveries; and legal sources define a C-section as an illness. So MMA established a policy of placing a two-year waiting period on benefits for repeat C-section expenses, be asked to share these expenses soon after a new member enrolled, especially when these expenses could be planned for in advance.

The policy often raised questions and created resentment among members. Some immediately canceled their membership when they learned of the limitation. Some protested: "It is not a pre-existing condition, it is a 'blessing from the Lord' to bear children, and how I bear them should be of no difference."

After studying the implications both for members and for claims reserves, MMA changed the policy in May 1980. Now there is only a 10-month waiting period for C-section benefits—the same waiting period which applies to all maternity expenses.

It is important for those in the MMA organization to hear the views of members, and MMA is willing to consider the member's needs and to change policies when that is possible. In all our work with members, MMA tries to respond "fairly but also in the spirit of mutual aid," as the underwriter explained when canceling the C-section waiting periods.

MMA's Mutual Aid Sharing Fund allows the organization to provide benefits to members above those determined by policies and legal agreements. The fund gives assistance through ten different programs for health plan members. And several of these, because of the kind of needs they address, often relate more to women than to men.

Paying the Premiums

Through some of MASF's programs, MMA works with members and their congregations to provide assistance in payment of premiums. Usually the member,

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10 Reasons Why the U.S. Medical System Makes Healthy Women Sick

1. United States has the highest rate of surgery in the world. Congressional reports reveal 250,000 unnecessary hysterectomies in 1980—one out of every three.
2. Breast cancer strikes one in every thirteen women; yet survival rates have not improved since 1930.
3. Hong Kong, Japan, Canada, and eight other industrial nations have lower maternal and infant death rates than U.S.
4. Birth control pills and UD's which first appeared as "breakthroughs" have proved life-threatening to thousand of women.

5. Forced sterilization of poor, Hispanic, Black, and Native American women continues today.
6. Each year thousands of women develop endometrial cancer from taking menopausal estrogen drugs they don't need.
7. Thirty-million American women are regular users of potent tranquilizers and anti-depressants.
8. Women over 65 suffer diabetes, bone fractures arthritis, and malnutrition more so than men. Yet little research is done on older women's health needs.
9. If you live in a rural community, you may not be able to find adequate medical care at all.
10. Ten percent of your family income may be spent on needless x-rays, surgery, and medication. By 1985 an average day's stay in hospital will cost \$400.

—The National Women's Health Network

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the congregation and MASF each pay a third of the assessment. One of these programs helps widows and widowers pay their health plan premiums during the first year after the death of a spouse. Currently this program is serving thirteen women and two men.

Premium assistance for the dependents of single parents is another facet of MASF. Because divorced or separated mothers have the responsibility of caring for young children more often than fathers do, this program also serves more women than men. Currently seven women receive help paying the premiums for their children, but even more women have enrolled in a third section of MASF which provide assistance for the parent's as well as the dependents' premiums.

Single Motherhood—Another Way

MASF assists not only with premium payment, but with other needs, too. Grants to parents adopting children are a part of MASF's ministry, and within the past two years, MASF has helped a single woman adopt two teen-aged daughters.

The mother, a social worker with a master's degree in counseling, explains she also has "adopted" an extended family for her "instant" family—friends in her congregation who can support them in their adjustments. MMA has added a small part to this support with two grants from MASF to cover adoption expenses for the daughters.

Within the MMA Family

The staff which carries out the office work of MMA consists of 85 women and 50 men. Women more often fill clerical roles and men more often fill management roles within the organization, though this is a result of chance more than design.

I currently hold a position in middle-management and share that level with several women. I feel an openness and even a desire to fill higher level positions with women, though MMA makes no special effort to do so. My supervisor, a division vice president, admits

feeling a "tinge of guilt" because women are not more involved in management, but the nature of the staff simply reflects the nature of applicants from twelve males and two females, so it is more likely a male eventually will fill that position.

Sharing and Learning Together

In my two-years at MMA, I have worked closely with both health and life services, and now in my communications work, I deal with all programs. Throughout the organization I see a willingness to listen and to respond to our members and to Mennonites in general. We feel frustration when we cannot comply with suggestions or fill all requests. We struggle always to balance legal requirements, accountability to members, and our mission to help Mennonites help each other.

And we are becoming more aware that our mission is not only to share needs, but also to help prevent them—"preventive mutual aid" as John Rudy, MMA's stewardship minister, terms it. So we are developing programs and resources to help Mennonites deal with the issues of physical and mental health, relationships, and spiritual growth. We also are working at an emphasis on financial health with counseling and congregational study resources on giving, saving, budgeting, and spending what we earn.

Our focus still is sharing...bearing each other's burdens...helping the tradition of mutual aid live today among Mennonites. And the organization of Mennonite Mutual Aid succeeds at this when individuals and congregations join with us in our mission, helping us identify the needs in our congregations and communities and working together to meet those needs.

Mary Kerbs (505½ Middlebury, Goshen, IN 46526) is Communications Supervisor at Mennonite Mutual Aid in Goshen. She's a graduate of Bethel College and has worked as underwriter for the Health and Life Departments of MMA.

Book Review

Mary Daly's *Gyn/Ecology, the Metaethics of Radical Feminism* (Beacon Press, 1978) reviewed by Marilyn Klaus.

When Scanzoni and Hardesty's *All We're Meant To Be* was first published in 1974 feminists in the church wondered, "Will it play the church?" And eventually, at least in most circles, it did. Such "radical" issues as dropping "obey" from "love, honor, and _____," and recognizing the single woman as a sexual being, were being raised.

Mary Daly's *The Church and the Second Sex* (1968) and *Beyond God the Father* (1973) were not so easily absorbed. It will be years, possibly decades, before Daly's *Gyn/Ecology: the Metaethics of Radical Feminism* will "play" the church.

Daly, who will not claim *The Church and the Second Sex*, and will only accept her revised edition of *Beyond God the Father*, sees the church steeped in Father/Son patriarchy. She calls for radical steps for exorcising the patriarchal spirits. Her writing style is poetic, her original vocabulary is pure genius, her attack is pointed, and her solidarity with women of every culture is remarkable.

Even though her remarks about the church are pointed, the main focus of the book is the care and respect of woman and her body. The modern practice of gynecology is, says Daly, akin to the Chinese art of footbinding, the Indian practice of suttee (burning widows alive), the African tradition of genital mutilation, and the European-American witch burning. All take control of women's bodies away from the natural owner, the woman herself.

Daly forces us to ask why history is so full of physical pain and alteration to the woman's body. Why, she raises, has it become acceptable to "experiment" with woman's body? Why are the most effective but also most dangerous forms of birth control only for the woman? Why is the answer to "women's diseases" to "cut it all out," as in hysterectomies, mastectomies? What is the male counterpart to gynecology? What is the physician called who specializes in "men's diseases?"

The unmarried woman, states Daly, is the greatest threat of all. If she becomes too independent she has no place in the world, which, of course, is based on patriarchy. So either her feet are bound and broken or she is married shortly after puberty and burned alive on her husband's funeral pyre, or her vagina is sewed shut only to be ripped open to the size of her fiancé's penis the night before the wedding, or she is hunted down and burnt at the stake for having sexual intercourse with the devil himself, or she is told nothing about her body which is used as a testing ground for drugs the medical world would never consider trying on men.

Daly calls herself a "revolting hag" and calls women to recognize their ability to Spin and to Spook, in other words to take hold of their inclination to heal themselves, to minister to sisters, to break the control of patriarchy. Her writing is blunt. It is at times difficult to swallow, perhaps offensive to some. But, it is well worth

the pain, the anger, the joy, and the sorrow it puts the reader through. Some parts will make you angry with Daly, other parts will make you sick at the facts of history.

Gyn/Ecology will probably never "play the church," and that's a shame.

Marilyn Klaus (308 W. 6th St., Newton, Ks 67114) graduated from Purdue University and from Goshen Biblical Seminary (with a Master of Divinity, 1977). She was youth pastor at the Bethel College Mennonite Church, N. Newton from 1977-1981.

Things That Need Doing

1. Share lists of physicians stating whether they have good or poor attitudes toward the care of women.
2. Share lists of physicians who charge reasonable fees and who are willing to educate patients and to allow the patient to share in the decision-making process.
3. Develop self-help clinics, clinics operated by and for laypeople.
4. Contact Mennonite Mutual Aid to thank them for what they are already doing for women, but to also challenge them to do more in the areas of limiting unnecessary surgery and paying for home-health care expenses and annual physical exams, including pap smears.
5. Organize Sunday school classes or other discussion-study groups on the topic of women and health. (A possibility for Women's Fellowship meetings?)
6. Encourage your daughters, friends, or yourself to pursue a career in the medical profession.
7. Share this issue of *Report* with others, including your physician.

Your suggestions for this column are welcome. They can be on any subject. Send them to me at 4830 Woodland Ave., Lincoln, NE 68516.
—mts

Quotes

"Elimination of the three-day hospital stay and extension of the 100-day limit on home-care benefits now allow more elderly and disabled patients to have the option of being cared for at home. It's less expensive than Medicare costs in hospitals, and may be preferred by the patient" (*Ms Magazine*, November 1981, p. 95).

"No one prepared me for what was done to me. I was never told what other treatments I could choose. After surgery, I felt stunned. I was left with a sunken-in chest and a flap of grafted skin covering it. It's taken me so long to regain full use of my arm, since the swelling is so bad. And I'm still worried about what will happen to me" (*A radical mastectomy patient*).

RESOURCES

Books

- Bell, Ruth, et. al. *Changing Bodies, Changing Lives: a book for teens on sex and relationship*. (Random House)
- Boston Women's Health Book Collective, The. *Our Bodies, Our Selves: a Book by and for Women*, revised and expanded. (Simon and Schuster)
- Daly, Mary. *Gyn/Ecology: the metaethics of radical feminism*. Beacon Press, 1978)
- Federation of Women's Health Centers. *A New View of a Woman's Body*. (Simon and Schuster, 1981)

Franks, Martha Ross, and American Medical Assoc. *Handbook of First Aid and Emergency Care*. (Random House, 1980)

Kramer, Ann, ed. and the Diagram Group. *Women's Body: an owner's manual*. (Paddington Press)

National Women's Health Network. *Breast Cancer: A Health Resource Guide*.

Notman, Malkah T., and Carol C. Nadelson (eds.), *The Woman Patient: Medical and Psychological Interfaces* Vol. I. Sexual and Reproductive Aspects of Women's Health Care. New York: Plenum Press, 1978. 363 pp. \$19.50 (U.S.) A collection of twenty-five chapters by various authors on subjects covering both normal and pathological factors, with emphasis on the latter. The chapter on pregnancy deals with pros and cons of home delivery (From *Resources for Feminist Research*, Toronto, Canada).

Nyad, Diana, and Candice Lyle Hogan. *Basic Training For Women*. (Harmony Books, 1981)

Padus, Emrika. *The Women's Encyclopedia of Health and Natural Healing*. (Rosedale Press, 1981)

Vickery, Donald M. and James F. Fries. *Take Care of Yourself: A consumer's guide to medical care*. (Addison-Wesley, 1976). Available from MMA.

A Complete List

MCC Task Force on Women in Church and Society Reports

1. Aug 1973: Focus on role of Women in the church.
2. Oct 1973: Focus on ordination and the minister's wife, the role of women in the Mennonite church.
3. Dec 1973: Restoring wholeness, the Martha-complex.
4. Feb 1974: Study groups on women, the status of widows in the church.
5. Apr 1974: On education.
6. Summer 1974: Women, work, and the church.
7. Fall 1974: Perspectives on 1974; The implications of interdependence and cooperation.
8. Jan-May 1975: Women's representation on church committees; A single goes to Africa.
9. Oct-Dec 1975: How women fared at three official Mennonite conferences; Reports on task force projects and seminars on women's concerns.
10. Mar-Apr 1976: The "total woman" phenomenon; Experiences as women in the working world; The politics of rape.
11. July 1976: Worship.
12. Dec 1976: Parenthood and childbearing.
13. Feb 1977: Men.
14. May 1977: Media.
15. July 1977: Language.
16. Sept 1977: Rape.
17. Nov 1977: Third world women.
18. Feb 1978: The auxiliary syndrome.
19. Apr-May 1978: Women in ministry.
20. June-July 1978: Black women and the church.
21. Aug-Sept 1978: Women and careers.
22. Oct-Nov 1978: Women and world conference.
23. Dec 1978: Family violence, Pt. I.
24. Jan 1979: Family Violence, Pt. II.
25. Mar-Apr 1979: Women and power.
26. July 1979: Native American.
27. Aug 1979: New men/new roles.
28. Nov-Dec 1979: The child.
29. Jan-Feb 1980: Women in the speaking ministry of the church.
30. Mar-Apr 1980: Returned missionary women.
31. May-June 1980: Mennonite women and depression.
32. July-Aug 1980: Follow-up focus on native Americans/Canadians.
33. Sept-Oct 1980: Women and leadership.
34. Nov-Dec 1980: Women in Mennonite business/industry.
35. Jan-Feb 1981: Women and militarism.
36. Mar-Apr 1981: Mentoring for and by women.
37. May-June 1981: Ministry of writing.
38. July-Aug 1981: Minister's spouse.
39. Sept-Oct 1981: Discipleship motives in career choices.
40. Nov-Dec 1981: Focus on singleness and single-parenting.
41. Jan-Feb 1982: Women and health.

ARTICLES

Cooke, Cynthia W. and Susan Devorkin. "Last Rights," *Ms Magazine*, November, 1981. p. 95f

Cooke, Cynthia W. and Susan Devorkin, "Tough Talk About Unnecessary Surgery," *Ms Magazine*, October, 1981. p. 42f

Edmunds, Marlene T. "Can Midwives and Doctors Ever Be Colleagues?" *Ms Magazine*, November, 1981. p. 31

Lind, Mary Beth. "Eat, Drink, and Take a Pill?" *Gospel Herald*, December 1, 1981.

Several articles in April 1978 issue of *The Other Side*.

The National Women's Health Network, 224 Seventh Street, S.E., Washington, D.C. 20003 is a consumer organization devoted exclusively to women and health, and publishes a bi-monthly newsletter.

PEOPLE

Erma Martin Yost has had extensive experience with the dangerous Dalkon Shield IUD, and is willing to be contacted by and offer advice to Dalkon Shield victims. Her address is 223 York Street, Jersey City, NJ 07302.

Quote

Sharing is a way of life for Mennonites. Entries in early American Mennonite alms books confirm this: a new horse collar, hat and pants, fare to Canada, \$1.25 to pay a widow's debt. . . Our focus is still sharing, bearing each other's burdens, helping the tradition of mutual aid live today among Mennonites. — Mary Kerbs

News and Verbs

Two joint committees of the Mennonite Church and the General Conference Mennonite Church will convene at 1983 sessions of the two bodies at Bethlehem, Pennsylvania: Justice and Christian Witness, and Study Committee on Human Sexuality. Two of the eight people appointed by the Mennonite Church to the Justice and Christian Witness Committee are women: **Wilma Bailey** of New York and **Miriam Weaver** of Harrisonburg, Virginia. On the ten-member Study Committee on Human Sexuality will be five women: **Elsie Steelberg** (Wadsworth, Ohio), **Sue Goerzen** (Harrow, Ontario), and **Sue Flickinger** (North Newton, Kansas) from the General Conference Mennonite Church, and **Lois Janzen** (San Francisco) and **Naomi Lederach** (Hesston, Kansas) from the Mennonite Church.

Martha Smith Good, pastor of Guelph Mennonite Church in Ontario, chaired afternoon sessions of a January school for ministers on the topic "A Lifestyle for Church Leaders."

Norma Jean Weldy, professor of nursing at Goshen College is under contract to publish the fourth edition of her college text *Body Fluids and Electrolytes*. The book has grown from 101 pages in 1972 to a projected 160 pages to be ready by April 1983. —*Mennonite Weekly Review*.

Anna Kreider Juhnke gave the Stahly Distinguished Lectures at Goshen College 18-22 January. Her topic: "The Exodus Theme and the Modern Imagination."

"Women and Health" was one of the subjects offered at this year's "Women-Enrolled-at-Bethel" Day, 12 January, sponsored by the Bethel College (North Newton, Kansas) Women's Association. It was taught by a woman psychiatrist and a woman physician.

Marilyn Miller, Arvada, Colorado, spent 7-13 November 1981 at Associated Mennonite Biblical Seminaries as Theological Center guest. She is co-pastor of Arvada Mennonite Church.

Elfrieda Ens has followed her Mennonite Central Committee teaching assignment in Zaire with a job as English prose and composition teacher at Chungking Teachers College in Sichuan Province, China.

The following were speakers at Women's Missionary and Service Commission autumn retreats in 1981: **Jeannie Thiessen** (Wheaton, Illinois) of Medical Assistance Program, speaking on "Health and Healing"; **Ursula Glander** (New York, New York) of American Bible Society, speaking on "God's Word Open for All"; **Naomi Lederach** (Hesston, Kansas), well-known Marriage Enrichment leader, presenting Bible studies from the gospels; **Helen Alderfer** (Scottsdale, Pennsylvania) of Mennonite Publishing House, speaking on "Sharing Our Faith with Our Children"; **Rachel Witmer** and **Elsie Miller** from Ohio speaking on (respectively) "What Is the Meaning of These Stones" and "Sharing Our Faith with the Elderly and Terminally Ill"; and **Betty Charles** from Pennsylvania speaking at Pine Lake Camp in Mississippi.

Carolyn Arthur is the new dean of students at Bluffton College.

Thelma and Weyburn Groff, Goshen, Indiana, are serving as interim pastors at Albany (Oregon) Mennonite Church.

Marie Snider, Newton, Kansas, has been appointed to the Communications Committee of the General Conference Mennonite Church.

Mary M. Matthijssen-Berkman, Amsterdam, The Netherlands, is the newly-elected president of the Dutch Federation of Mennonite Women.

Jo van Ingen Schenau-Elsesn (The Netherlands), **Myrtle French** (Jamaica), and **Rachel Muchaala** (Zambia) served on the eight-member findings committee of the July meeting of the Mennonite World Conference council in Nairobi.

Catherine Mumaw and **Priscilla Stucky-Kaufmann** are on the eight-member board of directors of Mennonite Community Association in Elkhart, Indiana.

Kristel S. Shutt, Orrtanna, Pennsylvania, won first prize and **Pat Jamann-Fry**, Quakertown, Pennsylvania, won third in the John Horsch Mennonite History Contest sponsored by the Historical Committee of the Mennonite Church. Their topics were "Menno Simons" "View of Atonement" and "The Puritan View of Anabaptism," respectively. Both are Bluffton College students. **Elizabeth H. Bender**, Goshen, Indiana, was the judge.

Ann Schimelpfenig, Morton, Illinois, is the new director of communications and director of management systems for health care at Mennonite Hospital in Bloomington, Illinois.

Ninety-three (39 percent) of the 240 students attending Associated Mennonite Biblical Seminaries this school year are women.

Ann Landis and **Helen Rutt** represented the Mennonite Church on an inter-Mennonite delegation which met with the new United States director of Selective Service and with key Congressional officers in December, seeking to communicate concerns and ascertain directions in the areas of conscription, draft registration, and alternative service projections. —MCC News Service

Esther L. Vogt, Hillsboro, Kansas, is the recipient of the Literary Achievement Award from the Kansas Authors Club and of the Outstanding Writer Award from the El Dorado (Kansas) Creative Writing Workshop.

Elaine Reynolds, Bloomington, Illinois, has been honored by Mennonite Hospital Association for forty-five years of service in various aspects of nursing.

Katie Funk Wiebe presented "Mennonite Brethren Women: Images and Realities of the Early Years" at the M.B. Historical Society meeting and published it in the September 1981 *Mennonite Life*. Bethel College, North Newton, KS.

Delores Histan Friesen has authored a *Study/Action Guide for Living More with Less*, published by and available from Herald Press, 616 Walnut, Scottsdale, PA.

Lois Kreider was guest speaker at the Manitoba provincial Mennonite Central Committee women's meeting. The theme was "People Helping People."

Women deacons of the Plymouth Diocese, Church of England will now be known as "Reverend" and will be able to officiate at several liturgies including marriage—this endorsed by Archbishop Rumsey.

Marian Kleinsasser Towne, c/o *The Courier*, Freeman, S.D. 57029, says, "I would welcome correspondence about women of Hutterite background whose stories should be known and shared."

The September 1981 **Goshen College Bulletin** reported that discrimination because of race or gender was to be a focus of correction for the current school year. The discussion included finding ways of incorporating singles into a largely family-oriented faculty.

A **Phoebe Yoder** Memorial Fund has been begun and already stands at \$6,294 because she did not want a funeral. Phoebe died in Hesston, Kansas on 9 September 1981, and had willed her body to medical research. She spent thirty-five years in Africa as a literacy and Bible teacher, as an educator, and as a nurse. Her call to Africa at age twelve motivated her to give money for Africa before the Mennonite Church was working there. This vision and prodding of here has resulted in 20,000 Mennonite Christians today. —Bertha Beachy

The World Council of Churches has rejected a recommendation of the "July Council on Women and Men" to have an equitable percent of staff be female. The reason given was that other interest groups would then be encouraged to make similar demands. —"Church World News," 13 November 1981.

Marie Wiens, Hillsboro, Kansas, has been appointed to the Mennonite Brethren Biblical Seminary board.

Around eighty women attended a three-day conference at European Mennonite Bible School, Liestal, Switzerland studying the Bible and discussing "To Live with Contrasts."

Esther Kniss Augsburg, Washington, D.C., was awarded an honorary doctor of fine arts degree at Grove City College. Her most recent sculpture, "The Sower," was commissioned by the Presbyterian Ministers' Fund of Philadelphia to express its motto, "He that soweth bountifully shall reap bountifully." She also works in ceramics and oil painting.

Of the 132 persons registered at Nairobi, Kenya, in July for 1984 Mennonite World Conference planning sessions, thirty-seven were women. There are now five women on the council with the recent addition of **Louise Nussbaumer** of France. Fifteen countries are represented.

Linda Schmidt, director of the New Orleans Chapter of Bread for the World and a Mennonite Central Committee U.S. worker, was one of forty agency representatives who spoke at a Solidarity Day rally in downtown New Orleans on September 27. "People will realize the vision of sufficient food, shelter, health care, and employment for all only as nations heed the words of the Lord as written in Isaiah—when oppression is ended, when the hungry are given food, and when human need is addressed," she said.

Deana Markley, Elkhart, Indiana, is the new office manager of the Mennonite Board of Missions.

During the first half of 1982, **Alice Metzler Roth** (Elkhart, IN) is half-time volunteer staff assistant at The Center for New Religious Movements in Primal Societies, at Selly Oak Colleges, Birmingham, England. In addition, she is doing independent study as part of her graduate work in Northwestern University's Department of Religion and African Studies.

Anne Ediger, Mennonite Brethren missionary in India for twenty-eight years, died 26 September 1981 in St. Catharines, Ontario.

The **Frank and Betty Joy Yoder** Public Affairs Lecture-ship brought to Goshen College the former special adviser on women's affairs under President Jimmy Carter: **Sarah Weddington**. The state of the ERA indicates, she said, that the U.S. is not concerned about discrimination on the basis of gender. U.S. women cannot look to Washington, D.C., for help in their quest for equal rights.

If you have news/verbs that you would like to share with the other 1,600 readers of Report, send them to me at 4830 Woodland Ave., Lincoln, NE 68516.—mts

Quote

"Consciousness raising, which involves coming to a new awareness of ourselves as persons and acting on that awareness, has had a most significant impact in the area of women's health care and the medical profession. Attitudes and methods, which until recently went unquestioned, are undergoing severe and timely scrutiny. Our health system is crisis-oriented rather than prevention-oriented, with profits, research and education carrying more weight than patient care. Women are protesting the ills of the American medical empire, as well as discovering that control over their lives presupposes knowledge about their sense of self, their anatomy, and their medical needs.

"Women unwittingly encourage prejudices by allowing them to happen, by responding to physicians in a child-parent kind of relationship, by according the physician a father-image, not a colleague-helper image. I think women need not let this attitude pass. Women need to be more assertive. They need to indicate in myriads of ways that this business of infantilizing the patient and parentifying the healer will not be tolerated." —Willard Krabill, M.D., interviewed by Carole Hull in MCC's **Person's Becoming** packet.

Letters

Dear Readers, Thank you for your gifts and prayers that made my trip possible as well as that of other Mennonite women to Nairobi, [for planning sessions for the 1984 Mennonite World Conference]. I loved every moment since it was going home for me. I had spent twenty years in East Africa and actually lived in Nairobi part of that time. I believe that this General Council meeting will be a landmark experience in the Mennonite world community. I sensed that the men welcomed our presence and input in most cases. Prior to this meeting one woman had been involved since 1973. Now for the first time five women were part of the council and could vote. The other 32 of us could join in the discussions only. Women had major presentations, preached, led worship and music and discussions. Others shared in the communion service, worked on the findings committee, reported on the church life in their home countries and responded to speakers. One former missionary told stories of how the gospel became "the power" in East Africa. The local women helped with the planning, hosting, and caring for the sick. They delighted us all when they served more than fifteen African foods when the entire group went to Eastleigh Center as guests of the Mennonite Church in Nairobi.

This meeting was important for African women. Half of the Africans attending were women. An African woman presented a paper on the Christian family in Africa. She was delighted to see so many women present. She observed that women seldom attend church meetings though they do much of the church work. Seldom have African women seen women models with a serious voice in church decisions. (They have seen many capable missionary women doing their own programs.) And at this assembly they heard each other speaking to the whole group. Hopefully, our Mennonite sisters will never need to declare (as many other African women have) that they had greater respect in the family/clan before Christianity came.

In the women's meeting African women shared their deep concern over winning revolutions but perhaps losing their children to Christian faith in the process. Revolutions—as are refugees—are partially the result of a white, western, so called Christian colonial past. This legacy will plague Africa for decades to come. Women often bear the brunt of this.

A case to the point is Somalia, one of the world's 25 poorest nations. It is staggering under more than 1.5 million refugees. And 90% of them are women and children. Perhaps Mennonite women can join African women as they weep for their children.

Prior to the Nairobi meetings few of us had experienced the African joy in worship, song and whole-hearted hospitality regardless of economic level of living. We also felt our oneness when we linked hands during the women's meeting and each prayed in her own tongue.

As we shared as women, we forged new links of understanding. Because I met a Dutch Mennonite mother in Nairobi, I have since had her daughter in my home here in Goshen. She is here as a trainee. That has

been a rich experience and added to my understanding of Dutch Mennonites.

The Dutch women and the other European women that came to Nairobi are already serving on committees busy planning for the 1984 conference. Let us pray for these committees. This kind of support will facilitate the vision/grace of the conference in France in 1984. This will have worldwide consequences.

Because women were included in the Nairobi meeting, I believe it will facilitate other new happenings also. People who have not been included before this may also be allowed to share.

This reminds me of an often quoted African proverb. When they refer to their divided colonial parts, they say: "You cannot wash your face with one finger." At this point there is more than one finger washing the Mennonite face. Our vision must include all our sisters and brothers around the world. Each must be allowed a place. And unless all the fingers share, our message will not be the whole gospel.

The MCC Women's Task Force deserves great thanks for their vision and efforts to send women to Nairobi. I also thank the [Mennonite World Conference] Executive Committee for inviting us.

May the kingdom of God come on earth as it is in heaven! Bertha Beachy, Goshen, Indiana.

Greetings in the name of our Lord Jesus Christ. The time has been passing so fast I can hardly believe that it's been three months since I have been back home. I love U.S.A. and the people very much; I am thankful to God for giving me the opportunity to come for a year through the [MCC] Exchange Program. . . I was in Texas for six months working in a day care. I learned a lot from the kids, especially language. My second assignment was working in the Provident Bookstore in Lancaster. I was lucky enough to be invited to an Amish Ho-Down. . . I am back to my old world now, and have taken a job working in the Academy of Agriculture. In regard to the MCC women's task force *Report*, I have been getting them and have enjoyed reading them. —*Utoro Isbandi, Salatiga, Indonesia (3 November 1981).*

. . . Encourage a careful evaluation of James Dobson's work because his influence is so pervasive, and a couple of his ideas don't seem helpful. His movie series, "Focus on the Family" is very entertaining—his is almost mesmerizing, and viewers tend to take his teaching as gospel. However, two things he stressed seemed so wrong when I took time to think about what he had said. The first concerned discipline of children. He recommends spanking when children are *willfully* disobedient—when they challenge authority. That seems to be a dangerous concept because we really can't see inside the minds of children and know why they do what they do. My inclination as a mother was to correct behavior, not intent. And I tried to limit correction to behavior that violated the rights of others (including mine). Dobson talks a lot about depression in women and the importance of self-esteem as a factor. He goes on to say that women get a feeling of self-esteem

primarily from their relationship with their husbands, while men get self-esteem from their work. So, of course, husbands should be more loving. However, a husband's love alone as a source for self-esteem seems meager and inadequate. Surely both husbands and wives can find meaning in work, whether it's mothering, fathering, housework, or work in the marketplace. And we find meaning in search for truth and God.—Dorothy Cutrell, Scottdale, Pennsylvania (14 December 1981).

I enjoy the *Report* regularly—read it from cover to cover. Wilma Leichty, Elkhart, Indiana

Thank you so much for the November-December Focus on Singleness and Single Parenting. . . I would like to send each of my sisters a copy of this and the previous issue about ERA. I am going to send my present copy to our Diocesan office on the family—that's the Roman Catholic center in Toledo, Ohio. Our Toledo Diocesan Assembly and Pastoral Councils (advisory board to the Bishop) also have committees to study the role of women in the church. . . To sum up my enthusiasm to share your findings, please send me ten copies each of the Sept.-Oct. and Nov.-Dec. *Reports*. Also please add [the following five names] to your mailing list. . . Ida Nissen, Lima, Ohio (3 Jan. 1982).

Three Announcements

The MCC Task Force on Women has, in the past, responded to issues of women in church and society through scholarly research and study papers. The task force is now soliciting creative responses to the same concerns in the form of short stories, poetry, dramas, ink sketches, songs, and black/white photos. Please send contributions to Esther Wiens, 77 Henderson Highway, Winnipeg, Manitoba R2L 1L1, by 1 June 1982 for consideration in a published collection of "artists' approach to women's concerns."

Two positions for General Conference Mennonite women (one from Canada and one from U.S.) become available on the MCC Task Force on Women in Church and Society this coming summer. If interested, state your interest in writing. Address it to Ron Flickinger, MCC U.S. Peace Section, 21 South 12th, Akron, PA 17501 by 15 March 1982. Task force members attend two meetings a year, and serve a three-year term. Continuing members are Karen Neufeld, Hillsboro, Kansas, and Esther Wiens, Winnipeg, Manitoba, from the Mennonite Brethren Church; Martha Smith Good, New Hamburg, Ontario, and Bertha Beachy, Goshen, Indiana, from the Mennonite Church. The two with expiring terms are Rosie Epp, Elkhart, Indiana, and Edith Krause, Vancouver, British Columbia.

The next (sixth) Women in Ministry conference will convene October 1982 at Conrad Grebel College in Ontario.

Looking Ahead

Forthcoming *Reports* will focus on:

Language, March-April 1982, Muriel Thiessen Stackley, coordinator;

Ordination, May-June 1982, Martha Smith Good, coordinator;

Human Sexuality, July-August 1982, Bertha Beachy, coordinator;

Peace and the Power of the Housewife, September-October 1982, Edith Krause and Muriel Thiessen Stackley, coordinators.

Two-career Marriages, November-December 1982, Rosie Epp, Coordinator.

Nurturing Children, January-February 1983, Karen Neufeld, coordinator.

Women Mystics and Devotional Life, March-April 1983, Esther Wiens, coordinator.

The *Report* is a bi-monthly publication of the MCC Peace Section Task Force on Women in Church and Society. Correspondence should be sent to Editor Muriel Thiessen Stackley, 4830 Woodland, Lincoln, NE 68516.

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